| PLUMBING APPLICATION | | Department of Health and Human Services Division of Environmental Health | | |
|--|--|--|---|-------------------------|
| PROPERTY ADDRESS | | Town/City LAMOINE Permit # 1562 | | |
| Town or Plantation Street or Subdivision Lot # PROPERTY OWNER(S) NAME Last: Frost First: Amanda Tim Applicant Name: Applicant Owner/Applicant (if Different) New Mailing Address of Ga Wowshell Way Owner/Applicant (if Different) Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plurabing Inspector(s) to deny a permit. | | Date Permit Issued 9/4/1 Fee: \$ 90,00 Double Fee Charged [] Local Plumbing Inspector Signature Fee: \$ State min. fee \$ Locally adopted fee Copy: [] Owner [] Town [] State Map # 4 Lot # 23 Local The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules. Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application. | | |
| | | | | |
| Signature of Owner/Applicant Date 9/6/17 | | | | |
| | | LPI Signature | | Date Approved (Final) |
| | PERMIT | INFORMATION | | |
| This Application is for | | ucture to be Served | Plumbing to | be installed by: |
| 1. NEW PLUMBING | 1.7 SINGLE FAMILY RESIDENCE | | 1 MASTER PLUMBER | |
| 2. TRELOCATED PLUMBING | 2. MODULAR OR MOBILE HOME | | 2. 🗌 OIL BURNERMAN | |
| | 3. MULTIPLE FAMILY DWELLING 4. OTHER-SPECIFY | | 3. MFG'D HOUSING DEALER / MECHANIC 4. PUBLIC UTILITY EMPLOYEE 5. PROPERTY OWNER LICENSE # | |
| Hook In & Dining Pelegyling | Colu | ımn 2 | Column 1 | |
| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Number | Type of Fixture | Number | Type of Fixture |
| HOOK-UP: to public sewer by | Hosebib / Sil | lcock | Bathtub (and | |
| those cases where the connection is not regulated and inspected by | Floor Drain | | | rate) |
| the local sanitary district. | Urinal Drinking Four | ntain | Wash Basin | |
| | Indirect Wast | | | (Toilet) |
| HOOK-UP: to an existing subsurface | | nent Softener, Filter, Etc. | Clothes Wash | er |
| wastewater disposal system | Grease / Oil S | | / Dish Washer | |
| | Roof Drain | | Garbage Disp | osal |
| PIPING RELOCATION: of sanitary | Bidet | | Laundry Tub | |
| lines, drains, and piping without | Other: | | Water Heater | |
| new fixtures. | Fixtures (Sub | total) Column 2 | Fixtures (Subt | otal) Column 1 |
| | | | Fixtures (Subt | otal) Column 2 |
| OR | | | <u> </u> 8 T | OTAL FIXTURES |
| ☐ TRANSFER FEE [\$10.00] | | | | Foture Fée Transfer Fee |
| | SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | Hook-Uρ & Relocation Fee PERMIT FEE (TOTAL) | |
| | Owner Town Copy State Copy | | | |
| | Owner L Town | copy 🗀 State Copy | PAGE 1 OF 1 HHE-211 Rev. 05/2015 | |